

September 30, 2013

Ms. Amy Harris-Roberts
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763

RE: ACE Program Letter of Intent

Dear Ms. Harris-Roberts:

Trinity Medical Center (d/b/a UnityPoint Health Trinity) submits this Letter of Intent in response to the *State of Illinois Solicitation of Accountable Care Entities: ACE Program – 2014-24-002*. The accountable care model that we propose will serve a defined Medicaid population consisting of children under age 19, parents or other caretaker relatives eligible for Covered Services under Title XIX, pregnant women and ACA Adults. As required by the Letter of Intent, we submit the following information:

Section A: Contact Information

Name of Accountable Care Entity (ACE): UnityPoint Health Trinity Accountable Care Entity

Primary Contact Information:

Name: Katie Pearson
Title: VP, Business Development
Organization: Trinity Medical Center (d/b/a UnityPoint Health Trinity)
Address: 2701 17th Street, Rock Island, IL 61201
Email: Katie.Pearson@unitypoint.org
Phone: 309-779-3610

Other Information

Name: Tullisa Bollinger
Title: Executive Assistant
Phone: 309-779-2200
Fax:
Email: Tullisa.Bollinger@unitypoint.org

Primary Contact Person for Data

Name: Tiffani Heaberlin
Title: Manager Analytics
Organization: Iowa Health System (d/b/a UnityPoint Health)
Address: 610 Thornton Avenue, Suite 250, Des Moines, IA 50321
Email: Tiffani.Heaberlin@unitypoint.org
Phone: 515-241-7481

Other Information: none

Section B: Proposal Outline/Self-Assessment

See high-level outline and self-assessment attachment (**Attachment 1**). We look forward to providing further details of our proposal in the application.

Section C: Data Use Agreement

UnityPoint Health Trinity ACE welcomes the opportunity to review the State's Medicaid data as our ultimate decision to submit a proposal will depend upon a thorough, thoughtful and comprehensive analysis of such data to properly assess this opportunity and serve this population properly and effectively. Accordingly, we are also submitting as part of this Letter of Intent a signed copy of the required *Data Use Agreement* contained in Attachment D, Section C of the Solicitation, as **Attachment 2**.

Thank you for the opportunity to participate in this ACE Program. We look forward to working with you as we develop the UnityPoint Health Trinity ACE proposal.

Sincerely,

A handwritten signature in black ink that reads "Richard A. Seidler". The signature is written in a cursive, flowing style.

Richard A. Seidler
President and CEO

Attachment 1 - Proposal Outline/Self-Assessment

1. **Geography and Population:** UnityPoint Health Trinity ACE will provide healthcare services to Clients and ACA Adults in the Quad Cities (Henry, Mercer and Rock Island counties). Based on the 2012 Program Enrollment and Demographic Data, there are approximately 40,000 potential enrollees in the three-county service area. We will have the capacity to serve a minimum of at least 10,000 enrollees and anticipate with our present internal network that we could serve upwards of 20,000 enrollees. This maximum estimate is subject to change upon review of the Medicaid claims dataset as well as further recruitment of external partners prior to application submission. Population expansion may also include regional collaboration with another UnityPoint Health affiliate in Peoria, who is also submitting a Letter of Intent and will be analyzing the Medicaid dataset and approaching its community partners.

To recruit potential enrollees, the UnityPoint Health Trinity ACE will engage in targeted marketing as well as overall outreach efforts. This outreach approach will be similar to marketing being conducted by our CCE for the Seniors and Persons with Disabilities Population. Our ACE will target potential enrollees through EHR and claims data sweeps coupled with information distributed from Providers regarding their patients informing them of ACE options. Outreach efforts will include signage within Provider offices, lunch and learn educational sessions, website information and print media. We intend to request data only for the counties included within our proposed service area.

2. **Organization/Governance:** Primary members of the ACE include:

- UnityPoint Health Trinity – Acute hospital with multiple campuses in Illinois that will provide medical case management in close communication with care coordinators; provide emergency services, inpatient psychiatric hospitalization and all other medical hospitalization; and participate in all Quality Improvement standards and appropriate reporting associated with the project.
- Robert Young Center for Community Mental Health – This regional center will provide comprehensive outpatient mental health, partial hospitalization, psychiatric evaluations and medication management, and also participate in all Quality Improvement standards and appropriate reporting associated with the project.
- UnityPoint Clinics – Primary care and specialty teams are located in all three proposed counties focus on prevention services, including wellness screenings and health education. These clinical teams will provide primary medical care in close communication with care coordinators and participate in all Quality Improvement standards and appropriate reporting associated with the project.
- UnityPoint at Home – This agency provides home-healthcare to adults and children that range from intermittent skilled nursing care to general home care such as meal preparation and light housekeeping and for this project will provide home health services and participate in all Quality Improvement standards and appropriate reporting associated with the project.

UnityPoint Health Trinity ACE will be a new legal entity. Its governing board will be comprised of representatives from each primary member including at least one PCP, specialist, Behavioral Health Professional, hospital and administrative representative. The governing board is responsible for setting policy, developing and implementing a model of care, establishing best practices, setting and monitoring quality goals, and assessing performance and addressing

deficiencies. The ACE will also employ a Medical Director and establish a consumer advisory council.

Several operating agreements are required. The ACE will need to be legally established, requiring articles of incorporation to be filed with the State and bylaws to be adopted. Informal discussions among primary members have already occurred, and the Trinity Legal Department has been consulted on the project and its timelines. Participating providers will enter into formal agreements with the ACE concerning project outcomes, quality measures, reimbursement methodology and payment, and reporting. In addition, participating partners will enter into Business Associate Agreements related to the use and disclosure of protected health information in accordance with HIPAA requirements. All agreements with participating partners will be executed prior to May 1, 2014.

3. **Network:** At present, the following providers have agreed to participate in our network - 36 PCPs include obstetrics, 12 specialists, 29 Behavioral Health Professionals and 2 hospitals. In addition to these providers within our integrated healthcare system, we intend to recruit other providers, starting with providers who are currently partnering with UnityPoint Health in other value-based contracts. UnityPoint Health employs network development personnel who will lead recruitment efforts. Recruitment efforts will start during the application phase as we analyze Medicaid data. We anticipate the inclusion of additional PCPs, specialists and hospitals to better serve this population.
4. **Financial:** The UnityPoint Health Trinity ACE will be a wholly owned subsidiary of Trinity Regional Health System. Additionally, current primary members are all affiliated with Iowa Health System, d/b/a UnityPoint Health, and its consolidated healthcare system. With annual revenues of \$2.7 billion, UnityPoint Health is the nation's 13th largest nonprofit health system and the fourth largest nondenominational health system. As part of its organized system of care, UnityPoint Health is participating in several value-based contracts which represent more than 265,000 covered lives. Due to this involvement, substantial upfront investments have already been made to fund upfront infrastructure, including one-time costs related to network development and management, care coordination/quality improvement/use management, clinical information systems and data analytics. To fund the costs of this project, we intend to leverage current resources and engage in outcomes based programming that will be supported by multiple payers.
5. **Care Model:** UnityPoint Health Trinity ACE will serve as the lead entity in collaboration with the members identified above. The proposed care model will address treatment and care coordination services for Clients and ACA Adults. Acknowledging that improved care coordination results in improved patient-centered care, avoidable admissions/readmissions and reduction in healthcare costs (“Triple Aim”), the key component to this model will be the utilization of Care Coordinator(s) to serve as an extension of the primary care team and provide enhanced care coordination and transitions based upon a person-centered holistic approach to care that “follows the patient” across the continuum. The functions performed by UnityPoint Health Trinity ACE will include (but are not limited to):
 - Delivering person- and family-centered medical home services;
 - Providing access to comprehensive care management, care coordination and transitional care across settings;
 - Providing chronic disease management;
 - Enabling access to individual and family supports including referral to community, social support and recovery services;

- Identifying and risk stratifying high-risk patients;
- Coordinating services with the patient/family/caregiver and providers
- Utilizing health information technology to manage care.

This model of care is supported by the governance structure – a Medical Director assures that evidence-based best practices are utilized and continually reviewed, and multi-disciplinary representation on the governing board extends a medical home model beyond primary care interests. The financial reimbursement structure also reinforces this care model by linking quality achievement to enhanced payment. When shared savings are earned, the ACE will not only invest these funds in infrastructure but also distribute a portion of savings directly to providers. Our proposal will describe this distribution scheme in detail.

6. **Health Information Technology:** The identified primary members all have EHR systems. While the EHRs are disparate, as part of an integrated healthcare system, the EHRs are interoperable and permit near real-time data sharing among members. Additionally, the members share access and use of an internal health information exchange, a patient portal, disease registries and data warehouses. To enable the patient/family, care coordinators and providers to centrally access individual care plans and medical records, HIT infrastructure supports enrollment efforts, care plan tracking, quality and outcome measurement, project reporting and coordination activities. We do anticipate the inclusion of external healthcare and community support partners in our application. In the proposal, we will further detail electronic capabilities that support the secure exchange of clinical information with these partners, once we have secured their commitment to this project.

In addition, UnityPoint Health has made substantial investments in population health analytics to support clinical decisions and provide feedback to Providers. Participation in various value-based contracts, including the Medicare Shared Savings Program and Pioneer ACO contracts, has enabled our Analytics Department to develop standardized data collection, analytics and reporting functions to support large-scale performance improvement projects. Our Analytics Department has software (InforMed) that imports claims data and performs financial and clinical analytics. In addition, InforMed has a Care Coordination Module, which is web-based and enables partnering entities to access information depending upon their role within the project. Consistent with other population health initiatives, an overall performance scorecard will be published quarterly to monitor progress and assist Providers in monitoring and drilling into their performance on a more frequent basis to continually identify areas of success and opportunity. Along with drill down capabilities, the use of appropriate statistical techniques will be instituted to analyze the data. Some examples include control charting to look at longitudinal performance trends and predictive modeling techniques to identify potential gaps in care for individuals.

7. **Other Information:** UnityPoint Health Trinity, the Robert Young Center for Community Mental Health (RYC) and Community Health Care (CHC), a federally qualified healthcare center, currently collaborate in a reciprocal service integration model that treats patients the suffer from physical and mental health problems. The “Primary Care/Behavioral Healthcare Integration Project” funded by an IL Title XX Integration grant currently serves 366 individuals with SMI/SA and at least one other co-morbid medical disorder. Additionally, UnityPoint Health Trinity, RYC and CHC have created a Care Coordination Entity, Precedence CCE, and are prepared to deliver care coordination services to the Medicaid SPD population effective October 1, 2013. These models will be the foundation for the UnityPoint Health Trinity ACE proposal – incorporating successful elements and addressing lessons

learned in order to create the most effective model to support improved patient-centered care, better health and reduced healthcare costs.

In terms of anticipated needs in support of this project, we have greatly appreciated the dedicated staff position at the State for the CCE project. This position has enhanced our ability to prepare for implementation of this project. If chosen as a participant for this project, we would benefit from a similar staffing model for the ACE project.